

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/890604

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
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TOTAL	9	15				
TOTAL						
TOTAL						
CLAIMS						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98								
99								
100								
TOTAL								
IND.								
DEP.								
CLAIMS								

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)								Application Number		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51					
2		1					52					
3		1					53					
4		1					54					
5		4					55					
6		5					56					
7		5					57					
8		1-7					58					
9		1-8					59					
10		9	cancel				60					
11		1-8	cancel				61					
12		11					62					
13		5					63					
14		13					64					
15	X						65					
16		15					66					
17		15					67					
18		15					68					
19		18					69					
20		18					70					
21		15					71					
22		15					72					
23		22					73					
24		15					74					
25		24					75					
26		18					76					
27		26					77					
28	X						78					
29		28					79					
30	X						80					
31	X						81					
32	X						82					
33		32					83					
34	X						84					
35	X						85					
36	X						86					
37							87					
38							88					
39							89					
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41							91					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9		9				Total Indep					
Total Depend	47		45				Total Depend					
Total Claims	56		54				Total Claims					

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